

WRITE PLAINLY WITH UNFADING INK—THIS IS A STANDARD FORM—A SEPARATE RETURN must be made for each, and the number of each in N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125
Registered No. 48

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Margarie Lee Flaverty { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. } 4. Twin, triplet or other. _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb 2 1928
Month Day Year

8. FATHER
Full name Leo Berlin Flaverty

9. Residence (Usual place of abode) Globe Arizona
If non-resident, give place and state.

10. Color or race White 11. Age at last birthday 22 (Years)

12. Birthplace (city or place) Capitan
(State or country) New Mexico

13. Occupation miner
Nature of industry Copper

14. MOTHER
Full maiden name Velma Laura Hannon

15. Residence (Usual place of abode) Globe, Arizona
If non-resident, give place and state.

16. Color or race white 17. Age at last birthday 8 (Years)

18. Birthplace (city or place) Bisbee
(State or country) Arizona

19. Occupation Housewife
Nature of industry

20. Number of children of this mother. 2 (Taken as of time of birth of child herein certified and including this child).
(a) Born alive and now living 1
(b) Born alive but now dead 1
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum. yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was alive at 12:45 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature J. J. Miller
M.D.
(Physician or midwife)

Given name added from a supplemental report _____ Address Miami, Arizona

Month, day, year _____ Filed Feb 15, 19 28

Registrar. _____ Registrar. _____

488-202-585